

HOUSE No. 2777

By Ms. Blumer of Framingham, petition of Deborah D. Blumer and others relative to establish the health care access and affordability. Health Care Financing.

The Commonwealth of Massachusetts

PETITION OF:

Deborah D. Blumer	Carl M. Sciortino, Jr.
Antonio F. D. Cabral	Kathleen M. Teahan
James B. Leary	Rachel Kaprielian
Timothy J. Toomey, Jr.	Bruce J. Ayers
Ruth B. Balser	Christine E. Canavan
Shirley Gomes	Kay Khan
Brian Knuuttila	John W. Scibak
Patricia D. Jehlen	Gloria L. Fox
David Paul Linsky	Thomas M. Stanley
Michael E. Festa	James B. Eldridge
J. James Marzilli, Jr.	Matthew C. Patrick
Joyce A. Spiliotis	David B. Sullivan
Ellen Story	Michael A. Costello
Anne M. Paulsen	Anne M. Gobi
Jay R. Kaufman	Douglas W. Petersen
Shirley Owens-Hicks	Mark J. Carron
Elizabeth A. Malia	Theodore C. Speliotis
John P. Fresolo	Denis E. Guyer
Tom Sannicandro	Stephen Kulik
Byron Rushing	Steven Myles Walsh
Edward G. Connolly	Gale D. Candaras
Robert P. Spellane	Paul J. Donato
Benjamin Swan	Vincent A. Pedone
Garrett J. Bradley	Mark V. Falzone
Alice K. Wolf	Brian Paul Golden
Jennifer M. Callahan	Peter V. Kocot
Cory Atkins	James R. Miceli
Frank I. Smizik	

In the Year Two Thousand and Five.

AN ACT TO ESTABLISH THE HEALTH ACCESS AND AFFORDABILITY ACT.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

1 SECTION 1. The second paragraph of section 16 of chapter 6A
2 of the General Laws is hereby amended by striking out clause (2)
3 and inserting in place thereof the following clause:—

4 (2) the office of health services, which shall include the depart-
5 ment of public health, the department of mental health and the
6 Betsy Lehman center for patient safety and medical error reduc-
7 tion;.

1 SECTION 2. The second paragraph of section 16 of chapter 6A
2 of the General Laws is hereby further amended by adding the
3 following clause:—

4 (8) the office of health access, which shall include the division
5 of medical assistance and the division of health care finance and
6 policy.

1 SECTION 3. The first sentence of the fifth paragraph of section
2 16 of chapter 6A of the General Laws is hereby amended by
3 inserting after the words “health services,” the words:— health
4 access;.

1 SECTION 4. The third sentence of the fifth paragraph of
2 section 16 of chapter 6A of the General Laws is hereby amended
3 by inserting after the words “health services,” the words:— health
4 access,.

1 SECTION 5. Subsection 2 of section 9A of chapter 118E of the
2 General Laws is hereby amended by striking out clause (d) and
3 inserting in place thereof the following clause:—

4 (d) adults age 19 to 64, inclusive, whose financial eligibility as
5 determined by the division does not exceed 200 per cent of the
6 federal poverty level and who otherwise would not qualify for

7 Medicaid within the definition of traditional beneficiaries; pro-
8 vided, however, that said adults shall meet such other eligibility
9 criteria that the division and the secretary may establish. The divi-
10 sion may require persons eligible under this clause to enroll in
11 employer-sponsored health insurance if it is cost-effective to pur-
12 chase such coverage, subject to section 18.

1 SECTION 6. Clause (c) of subsection 2 of section 9A of
2 chapter 118E of the General Laws is hereby amended by striking
3 out the figure “200” and inserting in place thereof the figure:—
4 300.

1 SECTION 7. Subsection (1) of section 16C of chapter 118E of
2 the General Laws is hereby amended by striking out the figure
3 “200” and inserting in place thereof the figure:— 300.

1 SECTION 8. Subsection (3) of section 16C of chapter 118E of
2 the General Laws is hereby amended by striking out the figure
3 “200” and inserting in place thereof the figure:— 300.

1 SECTION 9. The secretary of health and human services shall
2 seek an amendment to the MassHealth Demonstration Waiver
3 granted by the United States Department of Health and Human
4 Services under section 1115(a) of the Social Security Act and
5 authorized by chapter 203 of the acts of 1996 to implement the
6 provisions of this act. The Secretary shall seek to obtain max-
7 imum federal reimbursement for all provisions of this act for
8 which federal financial participation is available. The Secretary
9 shall report quarterly to the Joint Committee on Health Care and
10 the House and Senate Committees on Ways and Means on the
11 status of the waiver application.

1 SECTION 10. Medical assistance services available to adult
2 members of MassHealth shall include all federally optional serv-
3 ices that were included in the MassHealth state plan in effect on
4 January 1, 2002, and smoking cessation services, including nico-
5 tine replacement products, and include MassHealth inpatient hos-
6 pital benefits in effect on January 1, 2003. MassHealth shall not
7 establish disability criteria for applicants or recipients which are

8 more restrictive than those criteria authorized by Title XVI of the
9 Social Security Act, 42 U.S.C. Section 1381 et seq.

1 SECTION 11. Section 16D of chapter 118E of the General
2 Laws is hereby amended by striking out subsections (3) to (6),
3 inclusive.

1 SECTION 12. Section 2 of chapter 176M of the General Laws
2 is hereby amended by striking out subsection (b).

1 SECTION 13. Section 1 of chapter 176J of the General Laws is
2 hereby amended by inserting after the definition of “Eligible
3 dependent” the following definition:—

4 “Eligible person,” any person who is a resident of the common-
5 wealth and who is not enrolled for coverage under Part A or Part
6 B of Title XVIII of the federal Social Security Act, or a state plan
7 under Title XIX of such act or any successor program or enrolled
8 in any employer group plan. For the purposes of this chapter, an
9 eligible person shall be deemed an eligible small business and
10 shall be eligible to enroll in health benefit plans issued pursuant to
11 this chapter.

1 SECTION 14. Section 6 of chapter 176M of the General Laws
2 is hereby repealed.

1 SECTION 15. Section 8 of chapter 176J of the General Laws is
2 hereby repealed.

1 SECTION 16. The General Laws are hereby amended by
2 inserting after chapter 118G the following chapter:—

3 **Chapter 118H. Health Access and Affordability.**

4 Section 1. The assistant secretary for health access shall review
5 health benefit plans offered pursuant to chapter 176J and certify as
6 qualified all plans that provide benefits that meet or exceed rea-
7 sonably adequate minimum standards. For the purposes of this
8 chapter, reasonably adequate minimum standards shall include at

9 least the following medically necessary services: reasonably com-
10 prehensive physician services, inpatient and outpatient hospital
11 services, emergency health services, the full range of effective
12 clinical preventive care, and prescription drugs administered on an
13 outpatient basis.

14 Plans that the secretary certifies pursuant to this section shall be
15 deemed qualified individual/small group plans for the purposes of
16 this chapter.

17 Section 2. There shall be a moderate-income worker health
18 insurance assistance program administered by the assistant secre-
19 tary for health access. The assistant secretary shall promulgate
20 regulations to implement the provisions of this section.

21 The moderate-income worker health insurance assistance pro-
22 gram shall provide premium assistance pursuant to this section to
23 persons whose financial eligibility is less than 400% of the federal
24 poverty level and who are ineligible for medical benefits under
25 chapter 118E.

26 Assistance amounts shall be provided on a sliding scale based
27 on the income as a percent of the federal poverty level of the
28 enrolled household. Assistance amounts shall be based on the cost
29 of basic coverage in a qualified individual/small group plan.

30 Assistance shall be available to individuals or families enrolled
31 in a qualified individual/small group plan or an employer-spon-
32 sored group health insurance plan that provides coverage actuari-
33 ally equivalent or greater than coverage in a qualified
34 individual/small group plan. The assistant secretary shall establish
35 minimum employer contribution requirements for persons
36 enrolled in an employer-sponsored group health insurance plan.

37 Persons enrolled as an eligible person in a qualified
38 individual/small group plan that is not employer-sponsored plan
39 shall not be eligible for assistance if that person has been eligible
40 for employer-sponsored group health insurance during the 12
41 months before receiving assistance under the program.

42 Assistance may be provided directly to the enrolled person or
43 through payments to an employer or insurer of the enrolled
44 person.

45 Section 3. There shall be an employee automatic health insur-
46 ance assignment process to facilitate the enrollment of employees
47 without access to employer-based health coverage into health
48 insurance plans.

49 Employers who do not offer group health insurance coverage to
50 their workers shall supply automatic assignment demographic
51 information concerning their employees to the assistant secretary
52 for health access. The assistant secretary shall by regulation deter-
53 mine the information to be gathered, and shall allow employers to
54 use a secure online form to submit the required information.

55 Using the information received, the assistant secretary shall
56 assign employees into qualified individual/small group plans. The
57 assistant secretary shall assign persons into plans using an equi-
58 table formula that considers factors such as place of residence, the
59 relative market share of qualified plans, and any other factor the
60 assistant secretary shall determine.

61 Employees assigned to a qualified individual/small group plan
62 shall be asked by the assistant secretary if they wish to accept
63 their assignment, transfer to another qualified individual/small
64 group plan, or refuse health coverage through the assignment
65 process. If an employee chooses to enroll in a qualified indi-
66 vidual/small group plan, the assistant secretary shall inform the
67 employer and the plan of the choice. The assistant secretary may
68 by regulation direct employers of assigned employees to deduct
69 premium charges from the employee's compensation and pay the
70 premiums to the qualified individual/small group plan or the Com-
71 monwealth for payment to the plan.

72 The assistant secretary shall promulgate regulations governing
73 the automatic assignment process and payment of premiums
74 through salary deductions.

75 Section 4. There shall be an individual/small group reinsurance
76 program to lower the cost of health insurance for individuals and
77 small businesses in the Commonwealth.

78 The assistant secretary for health access shall promulgate regu-
79 lations for the operation of reinsurance program, including deter-
80 mining the initial attachment point and the maximum reinsured
81 amount, and the distribution of reimbursement funds pursuant to
82 the section. The assistant secretary may require carriers to furnish
83 any data that the assistant secretary deems necessary to oversee
84 the operation of the program.

85 Carriers issuing qualified individual/small group plans pursuant
86 to chapter 176J shall be eligible for reimbursement for 90 per cent
87 of claims paid between the initial attachment point and the max-

88 imum reinsured amount in a calendar year for any member cov-
89 ered under a qualified individual/small group plan. Once claims
90 paid on behalf of a covered member reach or exceed the maximum
91 reinsured amount in a calendar year, no further claims paid on
92 behalf of such member in that calendar year shall be eligible for
93 reimbursement.

94 The assistant secretary may establish participation requirements
95 and employer contribution requirements as a condition for partici-
96 pation in the reinsurance program.

97 Reimbursements shall be made, subject to appropriation, from
98 the Health Access and Affordability Fund established in section
99 2FF of chapter 29. For the purposes of this section, claims shall
100 include health care claims paid by a health maintenance organiza-
101 tion on behalf of a covered member pursuant to a standardized
102 contract.

103 Claims shall be reported and reimbursements shall be distrib-
104 uted on a calendar year basis. The assistant secretary may require
105 carriers to submit claims data in connection with reimbursement
106 requests as deemed necessary to distribute funds and oversee the
107 program. The assistant secretary may require that claims data be
108 submitted on a per member, aggregate or categorical basis.

109 Premiums for qualified individual/small group plans shall
110 factor in the availability of reimbursement from the program. The
111 assistant secretary, in consultation with the division of insurance,
112 shall promulgate regulations to require premiums for qualifying
113 individual/small group plans to take into account the availability
114 of reimbursement.

115 If the assistant secretary deems it appropriate for the proper
116 administration of the program, the assistant secretary may obtain
117 the services of an organization to administer the program, and
118 may purchase stop loss insurance or reinsurance from an insur-
119 ance company licensed to issue such insurance in the Common-
120 wealth.

121 Section 5. Each employer subject to the provisions of chapter
122 151A shall pay, in the same manner and at the same times as the
123 director of workforce development prescribes for the contribution
124 required by section 14 of chapter 151A, an employer health access
125 assessment. For the purposes of this section, terms shall have the
126 same meaning as used in chapter 151A. Employer health access

127 assessments shall be credited to the Health Access and Afford-
128 ability Fund established by section 2FF of chapter 29.

129 The employer health access assessment shall be calculated for
130 each employer by multiplying the assessment rate percentage by
131 the adjusted wages paid by the employer. For the purposes of this
132 section, adjusted wages shall mean the total wages paid by an
133 employer to employees, reduced by the low-wage worker deduc-
134 tion established by this section.

135 The assistant secretary for health access shall annually deter-
136 mine the assessment rate percentage and the low-wage worker
137 deduction for the purposes of this section. The low-wage worker
138 deduction shall exempt from the wages subject to the assessment a
139 specified amount of wages for a specified number of employees of
140 an employer, as set by the assistant secretary. The assistant secre-
141 tary shall set the assessment rate and low-wage worker deduction
142 so that small, low-wage firms will not face a substantial burden in
143 paying the assessment, as determined by the assistant secretary.
144 The assessment rate shall be set so that firms providing reasonably
145 substantial health benefits to their employees will not pay any net
146 assessment.

147 An employer shall be allowed a credit against its employer
148 health access assessment equal to the employer's expenses for
149 employee health insurance benefits that are deductible as a busi-
150 ness expense. The credit shall not reduce an employer's health
151 assessment below zero, and shall not entitle an employer to any
152 refund.

153 The assistant secretary for health access shall promulgate regu-
154 lations to enforce the provisions of this section, in consultation
155 with the director of workforce of development and the commis-
156 sioner of revenue. The assistant secretary and director are hereby
157 authorized and directed to enter into an interagency agreement to
158 carry out the provisions of this section in a mutually agreeable and
159 cost-effective manner. The regulations may include reasonable
160 exemptions, penalties for late payment and failure to pay,
161 reporting forms and procedures, and other matters as the assistant
162 secretary shall determine.

1 SECTION 17. The definition of "eligible employer" in section
2 9C of chapter 118E of the General Laws is hereby amended by

3 striking out the figure “50” and inserting in place thereof the
4 figure:— 75.

1 SECTION 18. The definitions of “eligible employee”, “eligible
2 self-employed single individual”, and “eligible self-employed
3 husband and wife” in section 9C of chapter 118E of the General
4 Laws are hereby amended by striking out, in each instance, the
5 words “200 per cent of the federal poverty level” and inserting in
6 place thereof, in each instance, the following words:— 250 per
7 cent of the federal poverty level.

1 SECTION 19. Section 9C of chapter 118E of the General Laws
2 is hereby further amended by striking out subsections (4) and (5)
3 and inserting in place thereof the following subsections:—

4 (4) The amount of payments for each employer under para-
5 graph (C) of subsection (2) shall be as follows: (i) \$600 for each
6 eligible employee for whom the eligible employer pays 50 per
7 cent or more of the cost of qualified individual medical insurance;
8 (ii) \$1,200 for each eligible employee for whom the eligible
9 employer pays 50 per cent or more of the cost of qualified two-
10 person family medical insurance, and (iii) \$1,500 for each eligible
11 employee for whom the eligible employer pays 50 per cent or
12 more of the cost of qualified family medical insurance; provided
13 that the division may use any reasonable data sources in deter-
14 mining the number of eligible employees of an eligible employer
15 qualifying for such payments under clauses (i), (ii) and (iii).

16 (5) The amount of payments for each self-employed single indi-
17 vidual or each self-employed husband and wife under paragraph
18 (B) of subsection (2) may include the following amounts: (i) \$600
19 for an eligible self-employed single individual if the individual
20 purchases qualified individual medical insurance; (ii) \$1,200 for
21 an eligible self-employed single individual with a dependent child
22 or for an eligible self-employed husband and wife filing a joint
23 return and who have no dependent children, if the individual or
24 husband and wife purchase qualified two-person family medical
25 insurance; or (iii) \$1,500 for an eligible self-employed single indi-
26 vidual with two or more dependent children, or for an eligible
27 self-employed husband and wife filing a joint return and who have
28 dependent children, if the individual or the husband and wife pur-

29 chase qualified family medical insurance; provided that the pay-
30 ment shall not exceed the amount of the net premium cost to said
31 self-employed persons of said insurance, and shall be in confor-
32 mity with the regulations of the division.

1 SECTION 20. The Office of Medicaid, in consultation with the
2 small business health insurance advisory board established pur-
3 suant to section 22 of chapter 118G, shall implement methods and
4 procedures to streamline enrollment and participation in the Insur-
5 ance Partnership program established pursuant to section 9C of
6 chapter 118E of the General Laws.

1 SECTION 21. Chapter 118E of the General Laws is hereby
2 amended by striking out section 13 and inserting in place thereof
3 the following section:—

4 Section 13. For paying providers for covered services under
5 this chapter effective for services beginning October 1, 2007, at
6 the latest, the division shall adopt the payment systems and fee
7 schedules used by the United States Department of Health and
8 Human Services Centers for Medicare and Medicaid Services to
9 administer the Medicare Program under Title XVIII of the Social
10 Security Act, including all Medicare adjustments such as dispro-
11 portionate share inpatient and outpatient Medicare rates and grad-
12 uate medical education. The division shall modify said payment
13 systems and fee schedules only to the extent required by differ-
14 ences between the programs specified in this chapter and the Title
15 XVIII Medicare program including the services and benefits cov-
16 ered, the extent and duration of such coverage, and the popula-
17 tions served. Until such systems are fully implemented, the
18 division shall annually update all rates of payment for provider
19 services under this chapter by the appropriate Medicare update
20 inflation index plus ten percent until the rate is equivalent to rates
21 of payment for comparable services under the Medicare program.

22 (a) In updating Medicaid rates and making said modifications
23 to the Medicare payment systems and fee schedules the division
24 shall give weight to the views and advice of the advisory board
25 established under paragraph (d) of this section.

26 (b) This section shall apply to hospital and physician services
27 rendered under contracts authorized by section 12 of this chapter

28 unless otherwise specifically agreed to in contract by the
29 providers. Pursuant to regulations to be promulgated by the divi-
30 sion of medical assistance by January 1, 2006, the division of
31 medical assistance shall pay for, or assure that all of its contrac-
32 tors responsible for paying for physician services shall pay for, all
33 office procedures appropriately provided by a physician practice
34 during a single office visit to a person eligible to receive health-
35 care services under programs administered by the division of med-
36 ical assistance.

37 (c) All such rates of payment for acute and non-acute care hos-
38 pitals, so defined under section 1886(d)(1)(B)(ii) or section
39 1886(d)(1)(B)(iv)(I) of the Social Security Act, must be reason-
40 able and adequate to meet the costs which must be incurred by
41 efficiently and economically operated facilities, in order to pro-
42 vide care and services in conformity with applicable state and fed-
43 eral laws, regulations, and quality and safety standards, and to
44 assure that individuals have reasonable access taking into account
45 geographic location and reasonable travel time to inpatient and
46 outpatient hospital services of adequate quality. Notwithstanding
47 any general or special law to the contrary, all rates of payment
48 under Title XIX shall be sufficient to allow the provider to pay at
49 least half of the costs of a health insurance plan offered to the
50 employees of the provider.

51 (d) There shall be an advisory board on MassHealth payment
52 policy, hereinafter called the board. The board shall be composed
53 of 11 members familiar with the health care industry and health
54 care finance. The Governor shall appoint one co-chairman nomi-
55 nated by the Speaker of the House, one co-chairman nominated by
56 the President of the Senate, one member nominated by the Massa-
57 chusetts Hospital Association, one member nominated by the
58 Massachusetts Medical Society, one member nominated by the
59 Massachusetts Extended Care Federation, one member nominated
60 by the Home and Health Care Association of Massachusetts, one
61 member nominated by the Massachusetts League of Community
62 Health Centers, and one member nominated by Health Care For
63 All, one member nominated by the Associated Industries of
64 Massachusetts and one member nominated by the Massachusetts
65 Association of Health Plans, and a MassHealth member.

66 (e) The board shall have the following powers and duties:

67 1) Obtain from the division all data and analysis required to
68 fully meet its charge under this section, and to obtain further data
69 and analysis from the division of health care finance and policy as
70 authorized in chapter 118G.

71 2) Review and evaluate rates and payment systems proposals
72 by the division and recommend Title XIX rates and rate method-
73 ology that are consistent with paragraph (a) of this section, and
74 with the level of funding available as authorized by the general
75 appropriation act.

76 3) Recommend an annual inflationary rate adjustment equal to
77 at least the full the market basket percentage increase established
78 by the federal Centers for Medicare and Medicaid Services for
79 each provider class.

80 4) Report to house and senate committees on ways and means
81 semi-annually to coincide with state budget development.

82 The executive office of health and human services shall provide
83 the board with such staff from the division of health care and
84 policy as is necessary to complete needed research and analysis
85 and enable the committee to make effective recommendations.

1 SECTION 22. Chapter 118G of the General Laws is hereby
2 amended by inserting after section 11 the following section:—

3 Section 11A. The division shall monitor and review payments
4 to MassHealth providers as specified in section 13 of chapter
5 118E. The division shall annually prepare analyses for the advi-
6 sory board established pursuant to said section on the following:

7 (a) A comparison of Title XIX and Title XVIII provider rates
8 for comparable services;

9 (b) An historical analysis comparing Medicare and Medicaid
10 annual inflation updates;

11 (c) Adequacy of Medicaid payments to providers with partic-
12 ular attention to community hospitals, physicians and other
13 providers located in rural and isolated areas.

14 (d) Adequacy of Medicaid payment for emergency care ren-
15 dered as required by 42 USC 1395(dd) and competent interpreter
16 services provided pursuant to section 25J of chapter 111.

17 (e) Adequacy of Medicaid payments to allow providers to cover
18 at least half the cost of employee health care insurance.

19 (f) The division shall annually transmit to the Governor, the
20 Speaker of the House and President of the Senate a MassHealth
21 cost-shifting report. The MassHealth cost-shifting report shall
22 determine the extent to which rates charged by providers to health
23 insurance plans are increased due to inadequate payments by
24 Commonwealth governmental units under Title XIX. The report
25 should further estimate the increased costs of health insurance
26 plan premiums due to inadequate payments by Commonwealth
27 governmental units under Title XIX. In preparing the report, the
28 state auditor shall consult with representatives of providers and
29 shall have access to all information of the division.

1 SECTION 23. Chapter 6A of the General Laws is hereby
2 amended by inserting after section 16E the following new
3 section:—

4 Section 16F. There shall be established a Massachusetts Health
5 Quality and Cost Council within, but not subject to control of, the
6 executive office of health and human services. The Council shall
7 make recommendations regarding health care quality improve-
8 ment and cost-reduction goals for the commonwealth. The recom-
9 mendations shall be designed to promote high-quality, safe,
10 effective, timely, efficient, equitable, and patient-centered health
11 care. The Council shall receive staff assistance from the executive
12 office of health and human services.

13 The Council shall consist of the governor, who shall be the
14 chair, and 4 appointed members. The appointed members shall be
15 one member appointed by the speaker of the house of representa-
16 tives, a member appointed by the president of the senate, a
17 member appointed by the attorney general, and a member
18 appointed by the auditor. Appointed members shall not be elected
19 officials, employees of the commonwealth, or employees of an
20 organization that represents multiple health care providers or
21 insurers, such as trade organizations or professional associations.

22 Persons making appointments shall coordinate their appoint-
23 ments to assure that appointed members have substantial indepen-
24 dent expertise in a variety of relevant fields, including, but not
25 limited to: health economics, clinical practice, health care man-
26 agement, health services research and quality improvement. At

27 least one appointed member shall be a practicing physician with
28 substantial working knowledge of health care quality issues.
29 Appointed members of the Council shall serve for renewable
30 three-year terms, except that the initial appointments by the
31 attorney general and the auditor shall be for two-year terms.

32 The duties of the Council shall include the following:

33 (1) The Council shall develop health care quality improvement
34 goals for the commonwealth which are intended to lower health
35 care costs while improving the quality of care, including reduc-
36 tions in racial and ethnic health disparities. For each such goal,
37 the Council shall identify the steps needed to achieve the goal;
38 estimate the cost of implementation; project the anticipated short-
39 term or long-term financial savings achievable to the health care
40 industry and the Commonwealth, and estimate the expected
41 improvements in the health status of health care consumers in
42 Massachusetts.

43 (2) The Council may recommend that public or private health
44 care organizations be responsible for overseeing implementation
45 of a goal, and may assist these organization in developing imple-
46 mentation plans.

47 (3) The Council shall develop performance measurement
48 benchmarks for its goals and publish such benchmarks annually,
49 after consultation with lead agencies and organizations and the
50 Council's advisory committee. Such benchmarks shall be devel-
51 oped in a way that advances a common national framework for
52 quality measurement and reporting, drawing on measures that are
53 approved by the National Quality Forum and adopted by the Hos-
54 pitals Quality Alliance and other national groups concerned with
55 quality.

56 Performance benchmarks should be clinically important and
57 include both process and outcome data; and be standardized,
58 timely, and allow and encourage physicians, hospitals and other
59 health care professionals to improve their quality of care. Any
60 data reported by the Council should be accurate and not imply dis-
61 tinctions where comparisons are not statistically significant. Mem-
62 bers of the advisory committee should have the opportunity to
63 review and comment on all reports before public release.

64 (4) The Council shall conduct annual public hearings to obtain
65 input from health care industry stakeholders, health care con-

66 sumers, and the general public regarding the goals and the perfor-
67 mance measurement benchmarks. The Council shall invite the
68 stakeholders involved in implementing or achieving each goal to
69 assist with the implementation and evaluation of progress for each
70 goal.

71 (5) The Council shall, not less than annually, review and file a
72 report with the clerks of the House and Senate on its progress in
73 achieving the goals of improving quality and reducing health care
74 costs in the Commonwealth. Reports of the Council shall be made
75 available electronically through an internet site.

76 (6) The Council shall establish an advisory committee to allow
77 the broadest possible involvement of health care industry and
78 other stakeholders in the establishment of its goals and the review
79 of its progress. The advisory committee shall include one member
80 representing the Massachusetts Medical Society, one member rep-
81 resenting the Massachusetts Hospital Association, one member
82 representing the Massachusetts Association of Health Plans, one
83 member representing the Massachusetts AFL-CIO, one member
84 representing the Massachusetts League of Community Health
85 Centers, one member representing Health Care For All, one
86 member representing the Massachusetts Technology Collabora-
87 tive, one member representing the Massachusetts Association of
88 Behavioral Health Systems, one member representing the Massa-
89 chusetts Extended Care Federation, one member representing the
90 Massachusetts Council of Human Service Providers, one member
91 representing the Home and Health Care Association of Massachu-
92 setts, one member representing Associated Industries of Massa-
93 chusetts, one member representing the Massachusetts chapter of
94 the American Association of Retired Persons, and additional
95 members appointed by the Governor, which shall include, but not
96 be limited to, a representative of the mental health field, a repre-
97 sentative of pediatric health care, a representative of medical edu-
98 cation, a representative of racial or ethnic minority groups
99 concerned with health care, a representative of hospice care, a rep-
100 resentative of the nursing profession, and a representative of the
101 biomedical or pharmaceutical fields.

102 (7) The Council may recommend any legislation or regulatory
103 changes necessary to carry out its goals, but the Council shall not
104 have authority to promulgate regulations under this section.

105 (8) Subject to appropriation, the Council may disburse funds in
106 the form of grants or loans to assist members of the health care
107 industry in implementing the goals of the Council.

108 (9) All meetings of the Council shall be publicly advertised and
109 shall be open to the public, except that the Council, through its
110 bylaws, may provide for executive sessions of the Council. No act
111 of the Council shall be taken in an executive session.

112 (10) The members of the Council shall not receive a salary or
113 per die allowance for serving as members of the Council but shall
114 be reimbursed for actual and necessary expenses incurred in the
115 performance of their duties. Said expenses may include reim-
116 bursement of travel and living expenses while engaged in Council
117 business.

1 SECTION 24. Chapter 111 of the General Laws is hereby
2 amended by inserting after section 24J the following section:—

3 Section 24K. The department shall, subject to appropriation,
4 establish a community health worker outreach program to provide
5 community-based education and health promotion activities to
6 communities facing barriers to health care services in the com-
7 monwealth, particularly ethnic and racial minority communities,
8 and to enhance the community health worker workforce.

9 The program shall prepare a comprehensive outreach services
10 plan, which shall be updated and filed with the house and senate
11 committees on ways and means and the committee on health care
12 annually. The plan shall identify barriers to health care services,
13 including cultural and language differences between health care
14 providers and their patients, limited accessibility of health care
15 facilities and providers, lack of transportation, inadequate under-
16 standing of MassHealth and other health care programs by eligible
17 persons, and providers who are unfamiliar with community needs.
18 The plan shall detail a strategy for providing community-based
19 education and health promotion services to reduce such barriers
20 and improve public health. The strategy shall include:

21 (a) activities to bridge cultural, linguistic and logistical gaps
22 between health care providers and communities facing such bar-
23 riers, particularly minority and low-income communities;

24 (b) activities to achieve increased awareness of and higher rates
25 of enrollment in MassHealth and other health programs, including
26 the uncompensated care pool;

27 (c) activities to increase the use of primary care and reduce
28 inappropriate use of hospital emergency rooms; and

29 (d) activities to improve the health status of such communities,
30 including health education, information and referral services, and
31 other activities.

32 The program shall establish an advisory board representing
33 communities with high rates of uninsurance, ethnic and racial
34 minorities, and people facing barriers to health care services
35 throughout the commonwealth. The advisory board shall review
36 the activities of the program, assist in the preparation and imple-
37 mentation of the comprehensive outreach services plan, and
38 advise the department on the activities of the program.

39 The program shall, subject to appropriation, contract with orga-
40 nizations providing community health outreach services to imple-
41 ment the plan. Preference in these contracts shall be given to
42 organizations familiar with the communities to be served and
43 known to members of that community. The program shall institute
44 a training curriculum and community health worker certification
45 program for such organizations to insure high standards and
46 quality of services.

47 Funding for the program shall be from the Health Access and
48 Affordability Fund established by section 2FF of chapter 29. The
49 program may enter into an interagency agreement with the divi-
50 sion of medical assistance for the provision of services by the pro-
51 gram, and shall seek maximum federal financial participation for
52 expenditures made by the program. The division shall work coop-
53 eratively with the department to secure federal financial participa-
54 tion with the goal of integrating community health workers into
55 the activities of the division, and shall report to the house and
56 senate committees on ways and means and the joint committee on
57 health care the results of a study on the feasibility of incorporating
58 community health worker services into rates paid to providers of
59 medical benefits by the division.

1 SECTION 25. Chapter 17 of the General Laws is hereby
2 amended by striking out section 3 and inserting in place thereof
3 the following section:—

4 Section 3. There shall be a public health council to advise the
5 commissioner of public health at the request of the commissioner

6 and to perform such other duties as required by statute. The
7 council shall consist of the commissioner of public health as
8 chairperson and fourteen members appointed for terms of six
9 years in accordance with the procedures outlined in this section.
10 The commissioner may designate one of the members as vice
11 chairperson and may appoint such subcommittees or special com-
12 mittees as may be needed.

13 Three of the appointed members shall be the chancellor of the
14 University of Massachusetts Medical School or his designee; the
15 dean of the Harvard University School of Public Health or his
16 designee; and the dean of the Boston University School of Public
17 Health or his designee.

18 Six of the appointed members shall be providers of health serv-
19 ices, of whom one shall be the chief executive officer of an acute
20 care hospital appointed by the Massachusetts Hospital Associa-
21 tion, one of whom shall be the chief executive officer of a skilled
22 nursing facility appointed by the Massachusetts Extended Care
23 Federation, one shall be a nurse executive appointed by the
24 Massachusetts Organization of Nurse Executives, one shall be a
25 Registered Nurse with chosen by the Board of Registration of
26 Nurses who shall be the highest vote-getter on a mail ballot sent
27 to the address of record of all Registered Nurses licensed by the
28 Board of Registration of Nurses, and two shall be physicians
29 appointed by the Massachusetts Medical Society.

30 Five of the appointed members shall be non-providers, one of
31 whom shall be appointed by the secretary of elder affairs and one
32 of whom shall be appointed by the secretary of veterans' services,
33 one shall be appointed by Health Care For All, Inc.; one shall be
34 appointed by the Coalition for the Prevention of Medical Errors,
35 Inc.; and one shall be appointed by the Massachusetts Public
36 Health Association.

37 For the purposes of this section "non-provider" shall mean a
38 person whose background and experience indicate that he or she is
39 qualified to act on the council in the public interest, who, and
40 whose spouse, parents, siblings or children, has no financial
41 interest in a health care facility, who, and whose spouse, has no
42 employment relationship to a health care facility, to a nonprofit
43 service corporation established in accordance with chapters one

44 hundred and seventy-six A to one hundred and seventy-six E,
45 inclusive, nor to a corporation authorized to insure the health of
46 individuals, and who, and whose spouse, is not licensed to prac-
47 tice medicine.

48 Upon the expiration of the term of office of an appointive
49 member, his successor shall be appointed in the same manner as
50 the original appointment, for a term of six years and until the
51 qualification of his successor. The council shall meet at least once
52 a month, and at such other times as it shall determine by its rules,
53 or when requested by the commissioner or any four members. The
54 appointive members shall receive one hundred dollars a day while
55 in conference, and their necessary traveling expenses while in the
56 performance of their official duties.

1 SECTION 26. The first sentence of the first paragraph of
2 section 2FF of chapter 29 of the General Laws is hereby amended
3 by striking out the words “Children’s and Senior’s Health Care
4 Assistance Fund” and inserting in place thereof the words:—
5 Health Access and Affordability Fund.

1 SECTION 27. The third sentence of the first paragraph of
2 section 2FF of chapter 29 of the General Laws is hereby amended
3 by striking out the words “section 24G of chapter 111; provided,
4 however, that expenditures from said fund, exclusive of revenue
5 which may be received through a manufacturer rebate arrange-
6 ment, for said pharmacy assistance program shall not exceed
7 thirty million dollars in any fiscal year.” and inserting in place
8 thereof the following words:— section 10F of chapter 118E; and
9 (d) all programs authorized pursuant to chapter 118G.

1 SECTION 28. Section 2FF of chapter 29 of the General Laws is
2 hereby amended by striking out the third paragraph.

1 SECTION 29. The first and second sentences of subsection (a)
2 of section 7A of chapter 64C of the General Laws is hereby
3 amended by striking out, in each instance, the words “twelve and
4 one-half mills” and inserting in place thereof, in each instance, the
5 words:— 37 and one-half mills.

1 SECTION 30. Subsection (c) of section 7A of chapter 64C of
2 the General Laws is hereby amended by striking out the words
3 “Children’s and Seniors’ Health Care Assistance Fund” and
4 inserting in place thereof the words:— Health Access and Afford-
5 ability Fund.

1 SECTION 31. Subsection (c) of section 7B of chapter 64C of
2 the General Laws is hereby amended by striking out the words
3 “Children’s and Seniors’ Health Care Assistance Fund” and
4 inserting in place thereof the words:— Health Access and Afford-
5 ability Fund.